

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico August 12, 1963
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

TEXACO Inc. State of New Mexico "CJ" 1st, Well No. 4, in SW 1/4, NW 1/4,
(Company or Operator) (Lease) 2nd W. Henshaw Dr.
E, Sec. 2, T. 16-S, R. 30-E, NMPM, Little Lucky Lake (Queen) Pool

Eddy

County. Date Spudded May 15, 1963 Date Drilling Completed July 8, 1963

Please indicate location:

| | | | |
|---|---|---|---|
| D | C | B | A |
| E | F | G | H |
| X | | | |
| L | K | J | I |
| M | N | O | P |

Elevation 3921' (DF) Total Depth 10,100' RBT 2870'

Top Oil/Gas Pay 2850' Name of Prod. Form Queen Sand

PRODUCING INTERVAL -

Perforations 8-5/8" with 2 jet shots per foot from 2850'-2855'.

Open Hole None Depth 2871' Casing Shoe 2860' Depth Tubing 2860'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 11 bbls. oil, 33 bbls water in 24 hrs, 0 min. Size P Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): See remarks

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. 500 oil run to tanks August 5, 1963

Oil Transporter The Permian Corporation (Trucks)

Gas Transporter Skelly Oil Company

Remarks: Acidize with 500 gallons of 15% LSTNE. Frac with 10,000 gallons of refined oil plus 1 pound of sand per gallon.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19_____

TEXACO Inc.

(Company or Operator)

By: _____ (Signature)

Title Assistant District Superintendent

Send Communications regarding well to:

Name TEXACO Inc.

Address P.O. Drawer 728-Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title _____

OIL CONSERVATION COMMISSION
ARTERIAL DISTRICT OFFICE

Map No. 1000

1000000

OPERATION

AREA 18

1000000

STATE AND DISTRICT

U. S. G. A.

TRANS. 1000

FILE

BUREAU OF MINES

| | |
|---------------------------|-----|
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| TRANSPORTER | OIL |
| | GAS |
| PRODUCTION OFFICE | |
| OPERATOR | |

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
 (Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

| | | | | | | | |
|---|---------------------|----------------------------------|--|--|----------------------|----------------------|--|
| Company or Operator TEXACO Inc. | | | | Lease State of New Mexico "CJ" | | Well No. 4 | |
| Unit Letter E | Section 2 | Township 16-S | Range 30-E | County Eddy | | | |
| Pool Unit W. Sherman Blk. - Little Lucky Lake (Queen Sand) | | | | Kind of Lease (State, Fed, Fee) State | | | |
| If well produces oil or condensate give location of tanks | | Unit Letter E | Section 2 | Township 16-S | Range 30-E | | |
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> The Permian Corporation (Trucks) | | | | Address (give address to which approved copy of this form is to be sent) 1509 West Wall Midland, Texas | | | |
| Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> Skelly Oil Company | | Date Connected 8-10-63 | Address (give address to which approved copy of this form is to be sent) P.O. Box 38 Hobbs, New Mexico | | | | |

If gas is not being sold, give reasons and also explain its present disposition:

REASON(S) FOR FILING (please check proper box)

New Well ☒ Change in Ownership ☐
 Change in Transporter (check one) Other (explain below)
 Oil ☐ Dry Gas ☐
 Casing head gas . ☐ Condensate.. ☐

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1963

OFFICE

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 12th day of August, 19 63.

| | | | |
|--|--|--|------------|
| OIL CONSERVATION COMMISSION | | By  | E.H. Scott |
| Approved by  | | Title District Accountant | |
| Title OIL AND GAS INSPECTOR | | Company TEXACO Inc. | |
| Date AUG 14 1963 | | Address P.O. Drawer 728 - Hobbs, New Mexico | |

I J. G. Blevins Jr. being of lawful age and being the
Assistant District Superintendent for Texaco Inc., do state that the
deviation record which appears on this form is true and correct to the best of my
knowledge.

Subscribed and sworn to before me this 8th day of August 1963.

R. E. Johnson
Notary Republic

for Lea County, State of New Mexico

Lease State of New Mexico "CJ" Well No. 1

Deviation Record

| <u>Depth</u> | <u>Degrees Off.</u> |
|--------------|---------------------|
| 460 | 1/4 |
| 637 | 1/2 |
| 1106 | 1/2 |
| 1602 | 1 |
| 1976 | 1/2 |
| 2455 | 3/4 |
| 2951 | 1/2 |
| 3535 | 1/2 |
| 4000 | 3/4 |
| 4513 | 3/4 |
| 5000 | 3/4 |
| 5498 | 3/4 |
| 5905 | 1/2 |
| 6488 | 3/4 |
| 6960 | 1 |
| 7419 | 1-1/2 |
| 7923 | 3/4 |
| 8447 | 3/4 |
| 8899 | 3/4 |
| 9321 | 1 |
| 9800 | 1/2 |
| 10,100 TD | 1/2 |

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AUG 14 1963

O. C. C.
ARTESIA, OFFICE